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BOROUGH OF TODMORDEN



THE
ANNUAL REPORT

OF THE

Medical Officer of Health

(J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

INCLUDING THE REPORT OF THE

Chief Sanitary Inspector

(L. A. CRABTREE, C.R.SAN.I.)

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1951

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BOROUGH OF TODMORDEN

Health Committee

CHAIRMAN

ALDERMAN H. TAYLOR,

HIS WORSHIP THE MAYOR.

ALDERMAN EGERTON, J.P.

COUNCILLOR G. E. BOOTHMAN

„	DR. BROWN
„	A. COCKCROFT
„	L. F. COCKCROFT
„	H. CUNLIFFE
„	H. HARDY
„	R. LAW
„	F. SUNDERLAND
„	E. R. SYKES
„	D. WRIGHT

PUBLIC HEALTH STAFF

BOROUGH OF TODMORDEN

Medical Officer of Health

J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

G. A. WILTHEW, M.B., B.S., B.SC.

Sanitary Inspector

†L. A. CRABTREE, C.R.SAN.I.

Additional Sanitary Inspector

†C. BAXTER, M.S.I.A., C.S.I.B.

Sanitary Inspector's Clerk

MRS. E. E. WADDILOVE, C.R.SAN.I.

WEST RIDING COUNTY COUNCIL

Preventive Medical Services : Health Division 19

Divisional Medical Officer

As above (M.O.H.).

Deputy Divisional Medical Officer

As above (Deputy M.O.H.).

Medical Officer to the Ante-Natal Clinic

*MILDRED M. THIERENS, M.B.

School Dental Officer

Vacant.

Health Visitors

‡MISS A. SMITH, S.R.N., S.C.M. (resigned 31-12-51).

‡MRS. M. M. ILLINGWORTH, S.R.N., S.C.M.

‡MISS J. ALEXANDER, S.R.N., S.C.M.

Tuberculosis Health Visitor

MRS. B. G. NICHOLL, S.R.N.

Mental Health Social Worker

MISS E. C. WROE, S.R.N., R.M.N., S.C.M.

Home Nurses

MISS F. ROBINSON, S.R.N., S.C.M., QUEEN'S SISTER.

MISS M. TYLER, S.R.N., S.C.M., QUEEN'S SISTER.

Midwives

MRS. M. MCAULEY, S.C.M.

MISS P. STANSFIELD, S.C.M.

Dental Attendant

*MISS W. FIELDING (resigned November, 1951).

Joint Clerical Staff—engaged in all constituent districts of the Division, viz. Todmorden, Hebden Royd, Hepton, Sowerby Bridge and Ripponden.

H. MARSHALL, A.C.I.S.

MISS J. SUTCLIFFE

MRS. J. GREENWOOD (nee Jackson).

S. STARKIE (resigned 31-3-51).

MISS M. CHATBURN.

MISS H. DOUGLAS.

F. H. UTTLEY

J. GREENWOOD

MISS D. J. GREENWOOD (commenced 8-1-51; resigned 30-6-51).

MISS P. JACKSON (commenced 21-5-51).

D. HOWORTH (commenced 23-7-51).

* Part-time.

† Hold Meat Inspection Certificate of Royal Sanitary Institute

‡ Hold Health Visitors' Certificate of the Royal Sanitary Institute.

HALIFAX AREA HOSPITALS MANAGEMENT COMMITTEE**Consultant Staff***Orthopaedic Surgeon*

G. HYMAN, M.B., F.R.C.S.

Ear, Nose and Throat Surgeon

W. O. LODGE, M.D., F.I.C.S., F.R.C.S.(EDIN.).

Chest Physician

BERTRAM MANN, B.SC., M.D., D.P.H.

Ophthalmic Surgeon

P. M. WOOD, M.B., CH.B., M.R.C.P., D.O.M.S.

ABRAHAM ORMEROD MEDICAL CENTRE,
TODMORDEN,

October, 1952.

THE WORSHIPFUL THE MAYOR, ALDERMEN AND COUNCILLORS,
LADIES AND GENTLEMEN,

I have the honour to present the fifth Annual Report since the inception of the scheme of Divisional Health Administration. Under this arrangement your Medical Officer of Health is also Divisional Medical Officer for the West Riding County Council's local health services and has similar functions in the Urban Districts of Hebden Royd, Sowerby Bridge, and Ripponden, and the Rural District of Hepton. The scheme has led to a close integration of all local authority health services.

The outstanding feature of the vital statistics was a sharp rise in the death rate to 18 per 1,000 as compared with 15.6 per 1,000 in the previous year and an average of 16.1 for the five years 1946-50 inclusive. This was due to the influenza epidemic in the winter of 1951, the severest outbreak since 1933. Influenza was the primary cause of death in 22 cases but it also accelerated the death of a considerable number of patients who were already weakened by other illnesses or by old age. Deaths exceeded births by 79.

The welfare of the aged continues to be a matter for concern, the problem being accentuated locally by the exceptionally high proportion of elderly persons in the population. The "over 65s" comprise 14.5% of the Todmorden population and the proportion is tending to increase year by year. The corresponding figure for the County Area as a whole is estimated at 10.5%. Waiting-lists of those needing institutional or hospital care continue to grow and even urgent cases still cannot be dealt with as expeditiously as one would wish. The picture is not however uniformly gloomy. Magnificent efforts to rehabilitate the chronic sick and give them a new lease of more active life are being made by Dr. S. G. McComb, the Medical Officer of St. John's Hospital, Halifax. As a measure of his success there are at present several patients in St. John's Hospital who have improved sufficiently to leave their beds and to be transferred to County Welfare Homes, where they can lead a more active, more social, and less dependent existence. But the County Council is experiencing very great

difficulty in meeting this new demand on their accommodation with the result that some patients are being unnecessarily detained in hospital. This is bad for the morale of the patients concerned and even worse for those who urgently need to fill their places in the hospital. The hospital authority is finding it difficult enough to meet its own obligations without the additional embarrassment caused by the County Council's temporary inability to honour a statutory responsibility.

Far more is now being done to help those old folk who with some assistance can be reasonably fit and happy in their own homes, which is after all where they most want to be. The home help service has been extended in this Division and a greater proportion of the home helps' working time is being devoted to the elderly. The home nursing service is working at full pressure and, although the nursing care of the aged is heavy work, often dirty, and sometimes thankless, the nurses are carrying on in the best traditions of their noble profession. The General Practitioners too deserve credit for their diligence with elderly patients. A periodic visit from the doctor along with his smile and a chat, is often of greater value for these cases than any number of bottles of pigmented National Health Service liquor. The Health Visitors, combining the qualifications and experience of nurse and social worker, play an invaluable role as medico-social investigators of the more difficult cases. Their advice to patients and relatives has often smoothed a furrowed brow and their reports on home conditions have been of great value to the hospitals in the assessment of priority for admission on social grounds. It cannot be too frequently stressed that the need for hospitalisation in the aged is dictated in nearly all cases by the social circumstances of the patients rather than by the nature of their illness. Improved facilities and assistance in the home can greatly reduce the pressure on "chronic-sick" beds.

A word of special praise and encouragement must go to the Todmorden Old People's Welfare Committee. Among their activities have been the routine visiting of lonely old folk and the organisation of the Golden Age Club with a full and active programme of social and recreational functions. Other voluntary organisations are also now taking an active interest. The Rotary Club of Todmorden initiated a scheme for the provision of a free chiropody service. Patients of pensionable age requiring treatment applied to the Medical Centre and appointments were made with a local chiropodist,

the cost of treatment being met by the Rotary Club. The service was later taken over by the Todmorden Needy Sick Fund which is doing excellent work in the provision for the sick and infirm of many comforts and benefits not adequately covered by the State's welfare services. One hopes that voluntary organisations will continue to expand their good work. If one may be allowed to offer them a practical suggestion it is that an attempt be made to provide a daily meals service for those who are alone and too infirm to do their own shopping and cooking. I have personally seen more malnutrition in the aged than in any other age group; a bread and jam diet accelerates the physical and mental deterioration of old age.

To turn to a social problem of a very different nature, namely that of children neglected or ill-treated in their own homes, one is able to report a new and interesting development. The causes of child neglect are numerous and varied and the handling of individual cases is correspondingly complex. Although the main burden falls on the broad and capable shoulders of the N.S.P.C.C., many other statutory and voluntary bodies including local authority departments are directly concerned. Co-ordination between all the officials concerned must be of the highest order if the basic causes of the neglect are to be treated. To ensure this the County Council, adopting the recommendations of a joint circular from the Home Office and the Ministries of Health and Education, has set up divisional co-ordinating committees under the chairmanship of the Divisional Medical Officers. The nucleus of the committee in the Todmorden/Sowerby Bridge health division consists of the local N.S.P.C.C. Inspector, the Divisional Education Officer, the Divisional Welfare Officer, Area Children's Officer, local Probation Officers, Area Officer of the National Assistance Board, and last (but not least) the local Police Inspectors. Where additional information or advice is required others may be called in, e.g. Chairman of the local housing or health committee, Sanitary Inspector, Housing Manager, District Welfare Officer, Boarding-out Officer, Education Welfare Officer, Health Visitor, etc. Every case of suspected child neglect in the division, whether the neglect is wilful or otherwise, is reported to me as chairman of the committee and is then discussed in detail at the meetings which are held at 2-3 monthly intervals. (Cases requiring urgent legal action, generally a small minority, are of course dealt with in the ordinary way directly by the N.S.P.C.C.). Possible lines of

action are considered and debated at length, every member having uppermost in his mind the desirability of removing or mitigating the causes of the trouble by social action and so maintaining the unity of the family, though the institution of measures for the prosecution of the parents and removal of the child or children from the home have sometimes to be recommended. Where the latter course is chosen it generally falls to the N.S.P.C.C. Inspector to take the case to the Courts. His position and status in the Court is strengthened by the fact that his action is supported by the carefully considered opinions of the members of the committee who are prepared to give evidence if and when called upon to do so. It should be emphasised that the decisions of the committee in no way interfere with the freedom of action of each individual officer (including the N.S.P.C.C. Inspector) who must always act in accordance with his conscience and his own specific duties. It is however a tribute to the harmonious working of the committee that no official has so far been asked to take action with which he himself cannot agree.

In the majority of cases considered by the committee some form of close supervision of the family is arranged and a decision made as to which department, or departments, should be responsible. This avoids the situation so often occurring in the past where a single family was visited at short intervals by a multitude of officials from different departments, each attempting in his or her own way, without consultation with other officers concerned, to pull the family out of the social morass into which it had sunk. They sometimes tugged in different directions with results which were, to say the least, ineffective and uneconomic, and the work of the N.S.P.C.C. was handicapped instead of helped.

The committee has so far considered 13 cases of alleged neglect or ill-treatment and some idea of the depth and complexity of the problems may be given from the following statistical summary:

Number of families investigated...	...	...	13
Number with a history of serious marital discord (e.g. divorce, separation, or frequent serious quarrels between parents)	...	...	11
Number with evidence of persistent irresponsibility or innate instability of the parents	...	...	10
Bad housing conditions	...	...	7
Illness in one or both parents	...	...	5

Number of families in receipt of National Assistance benefits over a long period ...	5
More than 4 children in the family ...	4
Intellectual sub-normality in either or both parents ...	4
Parents with police record ...	2
Known illegitimacy ...	1
Certifiable mental deficiency in either or both parents ...	Nil

ACTION RECOMMENDED OR ENDORSED BY THE COMMITTEE	No. OF FAMILIES CONCERNED
Close informal supervision (including advice and instructions to parents) by N.S.P.C.C. Inspector or local authority officer ...	12
Legal action by N.S.P.C.C. for the care and protection of the children by the local authority (Children and Young Persons Act 1933) ...	3
Informal temporary admission of neglected children to County Children's Homes (Children's Act 1948) ...	4
Reference to N.S.P.C.C. headquarters (through the local Inspector) for consideration of prosecution of parents for wilful neglect (Children and Young Persons Act 1933) ...	2
Admission of neglected child to residential special school for E.S.N. pupils (Education Act 1944) ...	1
Admission of neglected child to residential hostel for maladjusted pupils (Education Act 1944) ...	1
Statutory notices served by Divisional Medical Officer on parents for cleansing of children (Education Act 1944) ...	1
Arrangements by Divisional Medical Officer (after consultation with general practitioner) for voluntary admission to hospital or convalescent home of seriously ill parent (National Health Service Act 1946) ...	3
Reference to local housing committee with strong recommendation for re-housing or relief of overcrowding (Housing Act 1936) ...	2

Reference to relatives of parents for the provision of practical assistance for the neglected children or for the family as a whole ...	3
Reference to Medical Officer of Health for special care and supervision of tuberculous parent (Public Health Act 1936)	1

The results of the committee's work have so far been distinctly encouraging. All members are impressed by the better liaison and the greater effectiveness of measures taken. One would wish that there were similar opportunities for co-ordination in the much-divided and disarticulated National Health Service.

In conclusion, Ladies and Gentlemen, may I thank you for your kindness, patience and co-operation. I also wish to express my deep appreciation of the consistently loyal and energetic work of the staff of this Department.

I have the honour to be,

Your obedient servant,

J. LYONS,
M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.
Medical Officer of Health.

SECTION I.

VITAL STATISTICS

Statistics.

Area. 12,790 acres.

Population—Census 1951. 19,072 persons.

Registrar General's estimate of
Resident Population, mid. 1951, 18,920.

Number of dwelling-houses, 7,060.

Rateable value £114,467.

Product of a penny rate £452.

Rainfall at Gorpley Reservoir during 1951, 61.18 inches.

Summary of Vital Statistics.

	Total	M	F	
Live Births— Legitimate Illegitimate	254 8	143 4	111 4	Birth Rate per 1000 of the estimated res- ident population 13.8
Still Births— Legitimate Illegitimate	11 —	8 —	3 —	Rate per 1000 total (live and still) births 40
Deaths	341	170	171	Death Rate per 1000 of the estimated resident population 18.0

DEATHS FROM PUERPERAL CAUSES—

	Deaths	Death Rate per 1000 total (live and still) Births
Puerperal Sepsis ...	Nil	Nil
Other Puerperal Causes	Nil	Nil

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE—

All infants per 1000 live births	34
Legitimate infants per 1000 legitimate births ...	35
Illegitimate infants per 1000 illegitimate births ...	Nil

Infantile Mortality.

Nine infants under age of twelve months died during 1951, giving an infantile mortality rate of 34 per 1000 births.

The following table gives the cause of death of these infants.

Cause of Death	No. of infants dying in				
	1st week	2nd week	3rd week	4th week	5—52 week
Prematurity ...	7	—	—	—	—
Atelectasis ...	1	—	—	—	—
Regurgitation of food	—	—	—	—	1

DEATHS FROM Cancer (all ages)	41
Measles (all ages)	Nil
Whooping Cough (all ages)	Nil
Tuberculosis Death Rate (all forms)	0.26
Respiratory Tuberculosis death rate	0.26
Non-Respiratory Tuberculosis death rate	Nil
Respiratory Death Rate (excluding tuberculosis)	3.01

CAUSES OF DEATH IN TODMORDEN, M.B.

CAUSE OF DEATH				1950		1951	
				M.	F.	M.	F.
1	Tuberculosis, respiratory ...			4	2	3	2
2	Tuberculosis, other ...			—	—	—	—
3	Syphilitic disease ...			—	—	—	—
4	Diphtheria ...			—	—	—	—
5	Whooping Cough ...			—	—	—	—
6	Meningococcal infections ...			—	—	—	—
7	Acute Poliomyelitis ...			—	1	—	—
8	Measles ...			—	—	—	—
9	Other infective and parasitic diseases ...			—	1	1	2
10	Malignant neoplasm, stomach ...			7	6	7	1
11	Malignant neoplasm, lung, bronchus ...			1	—	4	1
12	Malignant neoplasm, breast ...			—	2	—	5
13	Malignant neoplasm, uterus ...			—	3	—	1
14	Other malignant and lymphatic neoplasms ...			15	3	11	11
15	Leukaemia, aleukaemia ...			—	—	—	—
16	Diabetes ...			—	5	1	2
17	Vascular lesions of nervous system ...			18	31	19	20
18	Coronary disease, angina ...			8	9	27	16
19	Hypertension with heart disease ...			6	2	7	10
20	Other heart disease ...			19	34	21	27
21	Other circulatory disease ...			15	7	15	12
22	Influenza ...			1	—	8	14
23	Pneumonia ...			4	4	3	5
24	Bronchitis ...			14	18	12	14
25	Other diseases of respiratory system ...			—	—	1	—
26	Ulcer of stomach and duodenum ...			2	—	1	—
27	Gastritis, enteritis and diarrhoea ...			1	1	—	1
28	Nephritis and nephrosis ...			5	7	1	6
29	Hyperplasia of prostate ...			5	—	1	—
30	Pregnancy, childbirth, abortion... ...			—	—	—	—
31	Congenital malformation ...			1	1	—	—
32	Other defined and ill-defined diseases ...			10	13	13	14
33	Motor vehicle accidents ...			2	1	—	—
34	All other accidents ...			1	7	10	3
35	Suicide ...			1	3	4	4
36	Homicide and operations of war ...			—	—	—	—
TOTAL, ALL CAUSES ...				140	161	170	171

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1951
based on Registrar-General's Figures

	Todmorden M.B.	Aggregate West Riding Urban Districts	West Riding Admin. County	England and Wales
BIRTH RATE (per 1,000 estimated population)	13.8	15.6	15.8	15.5
DEATH RATE (all per 1,000 estimated population)				
All causes	18.0	13.5	12.7	12.5
Infective and parasitic diseases*	0.16	0.11	0.10	**
Tuberculosis of Respiratory System ...	0.26	0.24	0.24	0.28
Other Forms of Tuberculosis	—	0.04	0.04	0.04
†Respiratory Diseases (excluding tuberculosis of respiratory system)	3.01	1.90	1.81	**
Cancer	2.17	1.89	1.80	1.96
‡Heart and Circulatory Diseases ...	7.14	5.10	4.72	**
Vascular lesions of nervous system ...	2.06	1.86	1.72	**
INFANT MORTALITY (deaths under one year per 1,000 live births)	34.4	30.8	31.8	29.6
MATERNAL MORTALITY (deaths of mothers in childbirth per 1,000 live and still births)	—	0.81	0.93	0.79

* Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

† Combined death rate from influenza, bronchitis, pneumonia and other respiratory diseases, excluding tuberculosis of the respiratory system.

‡ Combined death rate from Heart Disease and other Diseases of the Circulatory System.

** Figures not available.

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1951

Based on Registrar-General's Figures

Comparison with neighbouring districts in County Health Division 19	Todmorden M.B.	Hepton R.D.	Hebden Royd U.D.	Sowerby Bridge U.D.	Rippon- den U.D.
BIRTH RATE (per 1,000 estimated population)	13.8	13.7	12.3	16.2	13.2
DEATH RATE (all per 1,000 est'd. population)					
All causes	18.0	15.5	17.1	16.4	13.9
*Infective and parasitic diseases	0.16	0.25	—	—	—
Tuberculosis of Respiratory System	0.26	—	0.39	0.32	0.38
Other forms of Tuberculosis	—	—	—	—	—
†Respiratory Diseases (excluding tuber- culosis of respiratory system)	3.01	2.70	2.55	2.13	1.32
Cancer	2.17	3.19	1.77	2.24	0.57
‡Heart and Circulatory Diseases	7.14	6.38	6.58	6.56	5.84
Vascular lesions of nervous system	2.06	0.98	2.85	2.13	3.58
INFANT MORTALITY (deaths under one year per 1,000 live births)	34.4	71.4	32.0	23.1	57.1
MATERNAL MORTALITY (deaths of mothers in childbirth per 1,000 live and still births)	—	—	—	3.18	—

* Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

† Combined death rate from influenza, bronchitis, pneumonia and other respiratory diseases, excluding tuberculosis of the respiratory system.

‡ Combined death rate from heart disease and other diseases of the circulatory system.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES

A. HOSPITALS.

There is no General Hospital in the Borough of Todmorden. Patients requiring hospital treatment are referred as a rule to hospitals under the administration of the Halifax Hospitals Management Committee (National Health Service). Included in this group are the Halifax General Hospital, the Royal Halifax Infirmary, St. John's Hospital (for the aged and chronic sick), Northowram Infectious Diseases Hospital, Shelf Sanatorium, Todmorden Fielden Hospital (for long stay medical cases in children) and Todmorden Stansfield View Hospital (for mental defectives).

Maternity beds are available at both the Halifax General and Royal Infirmary. Priority in booking is given to abnormal cases, mothers expecting their first child, and mothers with unsatisfactory home conditions.

Special Hospitals (e.g. Mental Hospitals, special Orthopaedic Hospitals, Tuberculosis Sanatoria, etc.) outside the Halifax area are available when required; they are situated in various parts of the so-called "Leeds Hospital Region" which in fact extends into all three Ridings.

B. PROFESSIONAL NURSING IN THE HOME.

The County Council are responsible for the home nursing in Todmorden, the two nurses being resident at the Nurses' Home, Garden Street, Todmorden.

C. AMBULANCE FACILITIES.

The County Council took over the control of the ambulances formerly provided by the Todmorden Corporation towards the end of 1947 in anticipation of the operation of the National Health Service Act 1948. The ambulances continued to operate from Todmorden as previously, together with Hebden Bridge ambulance which had also passed to the control of the County Council.

D. CLINICS AND TREATMENT CENTRES

See page 19.

E. LABORATORY FACILITIES.

These facilities are provided by laboratories at Wakefield and Bradford.

F. ISSUE OF ANTI-TOXIN, ETC.

Supplies of diphtheria and tetanus anti-toxin are available at the Halifax Isolation Hospital and the Halifax General Hospital for issue to medical practitioners requiring it. By arrangement with the Regional Hospital Board supplies of tetanus anti-toxin are also kept at the Medical Centre, Todmorden, for use of local medical practitioners in the division. A supply of reagents for diphtheria and whooping cough immunisation is also available free of charge to private practitioners who have undertaken to participate in the West Riding County Council's schemes of immunisation.

CLINICS AND TREATMENT CENTRES

Infant Welfare

Ridgefoot	...	...	Tuesdays and Wednesdays ...	...	2 to 4-30 p.m.
Vale Baptist Sunday School, Cornholme	...	...	Tuesdays ...	...	2 to 4-30 p.m.
Walsden Wesleyan Sunday School	...	...	Thursdays ...	...	2 to 4-30 p.m.

Ante-Natal and Post Natal

Ridgefoot	Wednesdays and Thursdays	...	1-30 to 4 p.m.
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School Clinics

Ridgefoot

(a) *Minor Ailments	9 to 10 a.m.
(b) Dental...	9-30 to 11-30 a.m.
(c) Ophthalmic	...	...	...	...	By arrangement
(d) Ear, Nose and Throat	...	...	...	...	By arrangement
(e) Artificial Sunlight	1-30 to 5 p.m. Oct. — March

Diphtheria Immunisation

Ridgefoot	Monthly	...	By arrangement
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Tuberculosis

Union Offices, Hall Street	Wednesdays	1-30 to 4-30 p.m.
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* Medical Officer in attendance Tuesdays and Fridays only.

SECTION III.

W.R.C.C. PREVENTIVE HEALTH SERVICE

A. CARE OF MOTHERS AND YOUNG CHILDREN.

Ante Natal Services

During 1951 Dr. Thierens held 96 sessions and 162 patients made 805 attendances. The popularity of the clinic is shown in the table below :—

	1946	1947	1948	1949	1950	1951
Number of patients	277	296	254	217	200	162
No. of attendances	1448	1353	1150	992	1060	805
No. of sessions held	100	102	104	101	102	96
Patients sent by						
Midwives	60	58	50	40	30	23
Patients sent by						
Doctors	10	10	10	10	5	3
Patients sent by						
Health Visitors	73	35	55	50	20	14
Patients attended on						
own initiative	94	172	99	102	135	100
Patients sent by						
Hospitals	20	8	20	10	10	22
Patients sent by						
Private Nsg. Home	20	13	20	5	—	—
Patients referred to						
own doctor	40	37	17	20	20	6
Patients referred to						
Hospital	47	55	61	30	24	22
Patients referred to						
Dentist	32	62	54	16	9	26
Patients given U.V.R.						
treatment	4	5	1	—	—	—

X-ray examinations were arranged for five patients who had attended the Ante-Natal Clinic during the year.

Post Natal and Gynaecological Clinics.

Gynaecological and post-natal patients are examined at the ordinary ante-natal clinic. During 1951, 56 patients made 88 attendances at the clinic. Some of the patients confined in Halifax General Hospital attended there for post-natal examination.

	1948	1949	1950	1951
No. of post-natal patients ...	45	50	51	56
No. of attendances ...	60	60	70	88

Child Welfare Clinics.

Clinics were held at the Abraham Ormerod Medical Centre on Tuesday and Wednesday afternoons, and at Cornholme Y.M.C.A. and Walsden Wesleyan Sunday School on Tuesday and Thursday afternoons respectively. A record of the work done in 1951 is given in the following table :—

	Medical Centre	Wals- den	Corn- holme	Total
No. of sessions ..	98	51	49	198
No. of children who attended :—				
(a) Under 1 year old	109	55	30	194
(b) 1-5 years of age	298	78	63	439
No. of attendances by children :—				
(a) Under 1 year ..	1859	715	818	3392
(b) 1-5 years ..	1043	272	312	1627
Total attendances	2902	987	1130	5019
Average attendance per session ..	30	19	23	25

Home Visiting by Health Visitors.

NO. OF ANTE-NATAL VISITS :—					
First Visits	..	..	..	..	43
Subsequent Visits	..	..	..	..	65
NO. OF VISITS TO CHILDREN UNDER 1 YEAR					
First Visits	..	..	..	..	241
Subsequent Visits	..	..	..	..	1625
NO. OF VISITS TO CHILDREN 1-5 YEARS					3336
SPECIAL VISITS	...	...	...	...	944
TOTAL HOME VISITS					6254

Day Nursery Accommodation

The Glen Day Nursery was opened by the West Riding County Council on 11th September, 1950. Priority for admission is granted according to the following categories:

- (a) The young child whose mother is ill or having a baby.
- (b) The illegitimate child whose mother is seeking work.
- (c) Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.
- (d) The young child of the widow who must educate and support the family unassisted, and also the young child of the mother whose husband is ill.

Where vacancies still remain after the above categories have been dealt with priority is then given to mothers engaged in the textile or armament industries.

The Care of Premature Infants.

Special equipment and nursing staff is available for use in the home in cases requiring them.

The Care of Illegitimate Children.

Every effort is made to find a suitable home for the baby either with the mother or with the grand-parents. When the child is old enough it can be admitted to a Nursery Class if the mother has to go out to work. Special advice about legal adoption is given if it is desired. These cases are seen in the home by the Health Visitor and encouraged to attend the Infant Welfare Centre regularly.

Minor Ailments Clinic.

During 1951 some 81 children under five years of age some of whom were attending nursery classes, made 173 attendances for treatment at the Medical Centre.

U. V. L. Clinic.

This was held twice weekly at the Medical Centre during the winter months. A Sollux Mercury Vapour Lamp was used. 44 children not attending school made 633 treatment sessions.

Provision of Welfare Foods, etc.

Most proprietary brands of milk are sold at the Child Welfare Clinics for the convenience of mothers, and special brands of milk are ordered when necessary. At the ante-natal clinic tablets containing iron, calcium, and vitamin D are available and in suitable cases "Fertilol," ferrous sulphate, "Benerva," and nicotinic acid tablets are supplied.

In addition the distribution of cod liver oil, orange juice, and National Dried Milk, was carried out at the three Child Welfare Clinics on behalf of the Ministry of Food during the year.

Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.

B. MIDWIFERY SERVICES.

The following table shows the number of Todmorden women confined in hospital, private nursing home, or delivered by midwives and private practitioners in Todmorden or elsewhere so far as has been ascertained :

	No.	%
No. delivered in hospital	169	62·8
No. delivered in private nursing homes ...	14	5·2
No. delivered by midwives... ..	85	31·6
No. delivered by doctors (including the difficult cases met with by municipal midwives in their practice where a doctor had to be sent for to effect delivery)	1	0·4
TOTAL (including stillbirths), so far as has been ascertained ...	269	100

During 1951 the practising midwives summoned medical assistance to 16 mothers and 2 infants. Medical aid was sent for on account of the following conditions :—

MOTHERS		INFANTS	
Cause	No.	Cause	No.
Ruptured Perineum ...	8	Spina Befida ...	1
Breech Presentation ...	1	Attack of Asphyxia ...	1
Prolonged 1st Stage ...	1		
Delayed 2nd Stage ...	2		
Impacted Shoulders ...	1		
Premature labour ...	2		
Rise in temperature ...	1		
Total	16	Total	2

The following table summarises the midwifery work of the district midwives for the year 1951 :—

Work done within the Borough	Two Municipal Midwives
No. of deliveries made by Midwives ...	85
No. of difficult cases met with by midwives where a doctor had to be sent for and who	
(a) Effectuated delivery ...	1
(b) Sent patient to Hospital ...	7
No. of cases where midwives acted as a maternity nurse ...	1
Medical aid sent for in case of	
(a) Mothers ...	16
(b) Infants ...	2

Emergency Obstetric Unit.

The "flying squad" attached to Halifax General Hospital is available for obstetric emergencies occurring in the town. It was not utilised during the year.

C. HOME NURSING SERVICE.

See page 17.

D. AMBULANCE SERVICE.

See page 17.

E. HEALTH VISITING.

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children, and persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

F. HOME HELPS

In accordance with the National Health Service Act, the County Council provide domestic help for cases coming within the following classifications:

1. Where there is illness in the home.
2. For an expectant mother.
3. For a confinement in the home.
4. Where needed because of a mentally defective person in the home.
5. Where needed because of illness or infirmity in the aged.
6. Where there are children of, or under, school age and the mother is ill or otherwise not able to care for them.

Forty-four cases were attended in Todmorden during 1951 and were divided into the following categories: Maternity 4, aged persons 31, and illness 9. The total number of hours worked by home helps was 4,873 as compared with 2,524 in 1950.

G. CARE AND AFTER CARE

Special provisions are in operation for the care and after care of patients suffering from tuberculosis, mental illness or defect, venereal disease, and other illnesses.

H. SCHOOL HEALTH SERVICE

Number of schools in district	16
Number of children in attendance at school at end of 1951	2531
Number of children examined at school during 1951	1345
(This figure being made up as follows)	
Routine examinations	707
Re-examinations	638
Number of children referred for treatment	64

Minor Ailments Clinic

591 children made 2,562 attendances at the minor ailments clinic during the year.

Ear, Nose and Throat Clinic

Three sessions were held by Mr. Lodge at the Medical Centre and 64 Todmorden children were seen by him. Of the children inspected at these and previous sessions 47 received operative treatment at either the Halifax General Hospital or the Halifax Royal Infirmary during 1951.

Dental Clinic.

This clinic was temporarily suspended pending the appointment of a School Dental Officer.

Ophthalmic Clinic.

Mr. Wood held 35 eye clinics during the year, and 228 school children were seen by him and glasses were prescribed where necessary.

U.V.L. Clinic.

44 school children made 584 attendances during the year.

I. IMMUNISATION AND VACCINATION.

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against small-pox may be done either at the clinic or by the family doctor.

Number of children in Todmorden who had completed a full course of immunisation at any time to 31-12-51.

Under 1	1	2	3	4	5 to 9	10 to 14	Total under 15
77	284	199	147	291	1180	1105	3283
1536					2205		3741

Estimated mid-year population

Number of children in Todmorden who completed a full course of Immunisation 1951

Age	0-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Began and completed injections 1951 ...	77	214	36	10	7	2	—	—	—	—	—	—	—	—	—
Total ... 346															
Immunised in previous years, re-treated 1951 ...	—	—	—	—	3	12	13	6	5	3	4	1	—	—	2
Total ... 49															

Vaccination against Smallpox.

During the year 122 people were vaccinated against smallpox.

SECTION IV.

INFECTIOUS DISEASES

Summary of Notifications received during 1951.

Disease					Total cases notified
Scarlet Fever	...	...	...	...	8
Whooping Cough	...	...	...	...	87
Acute Poliomyelitis	...	...	...	...	—
Measles	...	...	...	...	72
Diphtheria	...	...	...	...	—
Acute pneumonia	...	...	...	...	31
Dysentery	...	...	...	...	4
Smallpox	...	...	...	...	—
Acute encephalitis	...	...	...	...	—
Enteric or Typhoid fever	...	...	...	...	—
Paratyphoid fevers	...	...	...	...	—
Erysipelas	...	...	...	...	7
Meningococcal infection	...	...	...	...	2
Food poisoning	...	...	...	...	6
Puerperal Pyrexia	...	...	...	...	—
Ophthalmia Neonatorum	...	...	...	...	—
Pulmonary Tuberculosis	...	...	...	...	25
Other forms of Tuberculosis	...	...	...	...	1
					243

Tuberculosis Services.

A clinic is held weekly on Wednesday afternoons at Hall Street, and cases requiring X-ray examination are referred to the Chest Clinic at Halifax Royal Infirmary. Regular home supervision is carried out by the Tuberculosis Health Visitor. Free extra nourishment, bedding, shelters, etc., are provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives at a glance the position regarding tuberculosis in Todmorden in 1951:—

	Respiratory			Non-Resp.			Ttls.
	M	F	Ttl.	M	F	Ttl.	
No. on Register on 1st Jan., 1951 ..	44	24	68	22	20	42	110
No. first notified during 1951 ..	16	9	25	1	—	1	26
No. of cases restored to register ...	—	—	—	—	—	—	—
No. of cases entered in Register other than by notification ..	1	1	2	—	—	—	2
No. removed from Register during 1951 :—							
(a) Died	4	3	7	—	—	—	7
(b) Removed from district ..	2	1	3	2	—	2	5
(c) Recovered ..	4	2	6	1	1	2	8
No. remaining on Register 31/12/51 ..	51	28	79	20	19	39	118

The number of new cases and the number of deaths notified during 1951 are given in detail in the following table :—

Age Period	NEW CASES				DEATHS			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0-1	—	1	—	—	—	—	—	—
1-5	2	—	—	—	—	—	—	—
5-10	—	—	—	—	—	—	—	—
10-15	—	—	1	—	—	—	—	—
15-20	—	2	—	—	—	—	—	—
20-25	—	—	—	—	—	—	—	—
25-35	7	2	—	—	—	—	—	—
35-45	2	1	—	—	—	—	—	—
45-55	2	1	—	—	1	—	—	—
55-65	2	1	—	—	2	2	—	—
65 & over	1	1	—	—	1	1	—	—
Totals	16	9	1	—	4	3	—	—

SECTION V.

WATER SUPPLIES

(a) **Corporation Supply.**

Serving 5484 houses with a population of 14,815.

(b) **Private Supplies.**

Serving 1576 houses with a population of 4,257.

Corporation Supply.

The water is from upland surfaces and is naturally soft and of an acid character. The water is treated by slow filtration through sand and lime dust. A chlorinator is installed at the waterworks. A bulk supply of water is also obtained from the Rochdale Corporation.

Private Supplies.

These are derived mainly from springs, the water generally being conveyed to storage chambers from which it is piped to the houses.

Examination of Samples.

CORPORATION SUPPLY.

Bacteriological	...	...	26	—	25	satisfactory.
Chemical	...	...	9	—		All satisfactory.
Plumbo-solvency	No lead				Total	... 2

PRIVATE SUPPLIES.

Bacteriological	...	Satisfactory	43	}	Total	... 53
		Unsatisfactory	10			

Twenty-four of the samples taken from private supplies were routine samples of the larger supplies serving houses in various parts of the Borough, only one of which was unsatisfactory. Some 22 samples were taken in connection with the work being carried out to the pipe lines and cisterns of a private supply, this work being near completion at the end of the year. The pipe line of another private supply was put in order.

One private supply was tested for plumbo-solvency but no lead was found.

SECTION VI.

SANITARY CIRCUMSTANCES OF THE AREA.

INSPECTION AND SUPERVISION OF FOOD.

HOUSING.

Rainfall for 1951 (Sourhall).

January ..	5.47 ins.	September ..	3.54 ins.
February ..	5.21 „	October ..	1.36 „
March	6.42 „	November ..	11.20 „
April	3.17 „	December ..	10.68 „
May	2.94 „		
June	1.59 „		62.44
July	4.40 „		
August	6.46 „		

Drainage and Sewerage.

Certain portions of the district still require sewer-
ing, but in all these parts the cost is prohibitive. All defective
sewers are improved as required.

All sewage is treated at the Corporation Sewage Works
which are adequate for the needs of the Borough.

There have been no complaints from the West Riding
Rivers Board in respect of the effluent from the Sewage
Works.

Rivers and Streams.

No action has been taken during the year to check
the pollution of rivers and streams in the area.

Closet Accommodation.

The following table shows the number of the various types of closets in the Borough :—

Privies with covered middens	..	..	about	70
Pail or Tub Closets (a) Houses	..	..		400
(b) Workplaces	..	..		48
TOTAL	..	..	..	448
Water Closets (a) Houses	..	..	..	5572
(b) Workplaces	..	..	..	666
TOTAL	..	..	..	6238
Waste Water Closets	..	..	..	259
Number of additional Closets provided :—				
Old property (a) W.C.'s	32	(b) Others	2	
New houses (a) W.C.'s	60	(b) Others	0	
Number of Closets, other than privies, reconstructed as W.C.'s—19.				

With a view to securing the conversion of pail closets and slop closets to water closets the Corporation contribute one-half of the cost of conversion to a maximum of £10 per closet. Eighteen conversions of slop closets and two conversions of pail closets were carried out during the year

Refuse Collection and Disposal.

No changes were made during the year in the methods of collection and disposal of refuse. The collection of refuse including nightsoil, is done by two motor vehicles, one, the Lewin Compressing Refuse Collector, being employed whole time, and the other on four days per week, a weekly collection being carried out in the Borough except for outlying districts where a fortnightly collection is made. The collection of night-soil is done by motor vehicle fitted with a movable tank and the contents are disposed of at the Sewage Disposal Works.

All the refuse is disposed of at Woodhouse Tip where the system of "controlled tipping" combined with salvage recovery is in operation. The salvage recovery comprises the collection and, where necessary, the sorting from the refuse of various materials such as waste paper, scrap metals, rags, carpets. Almost all the waste paper is collected separately during the collection of refuse, in addition to which there is a special collection from factories and business premises.

The weight of refuse collected during the year was 3,841 tons, and the cost of collection and disposal was £5,545. The income from the sale of salvaged materials, charges for tipping, etc., was £2,471, giving a net cost for collection and disposal of refuse of £3,074.

The following are the various items of salvage recovered during the year, with the proceeds, although some of the salvage was not sold until after the year end.

	Tons	£	s.	d.
Waste paper	149	2084	10	10
Ferrous metals	4 $\frac{1}{2}$	16	13	6
Non-ferrous metals	$\frac{3}{4}$	62	7	1
Textiles (rags, carpets, etc.) ...	11 $\frac{1}{4}$	228	8	10
Rubber and bottles and jars ...	1 $\frac{1}{4}$	8	2	6
TOTAL ...	166$\frac{3}{4}$	£2400	2	9

In comparison with the previous year the total weight of salvage recovered shows an increase of 4 tons, waste paper being 13 $\frac{1}{2}$ tons more, whilst metals and textiles also show an increase, but no waste food was collected. Owing to shortage of labour at the refuse tip it was not possible to recover and bale tins.

The price of waste paper which rose during 1950 was further increased during 1951 and for the last seven months it was more than double the controlled maximum price during the war period.

In August the Council decided to institute an incentive bonus scheme for all the employees of the Scavenging Department to operate from the 1st July and the first payment of the bonus was made in December.

Sanitary Inspection of the Area.

Total No. of Inspections made in 1951, for Nuis-					
ances only ... ..	...	...	...	...	466
Nuisances found in 1951 ... ..	...	...	...	...	155
Nuisances in hand, end of 1950 ... ..	...	...	...	...	12
Total needing abatement ... ..	...	...	...	...	167
Abated during 1951 ... ..	...	...	...	...	147
Outstanding, end of 1951 ... ..	...	...	...	...	20
Notices served, Informal ... ..	...	...	...	...	54
Complied with ... ..	...	...	...	...	50
Notices served, Statutory ... ..	...	...	...	...	5
Complied with ... ..	...	...	...	...	4
Total number of Summonses or other legal pro-	...	...	...	...	—
ceedings ... ..	...	...	...	...	—

Regulated Buildings, Trades, etc.

Regulated Buildings, Trades, &c.	No. in District.	No. on Register.	No. of In- spections.	General Conditions	Legal proceed- ings if any
Common Lodging Houses ..	0	0	0		
Houses let in Lodgings	0	0	0		
Canal Boats	0	0	0		
Knackers Yards ..	0	0	0		
Tents, Vans & Sheds	1	1	3		
Offensive Trades—					
2 Tripe Boilers	9	9	2	Satisfactory	None
1 Fat Melter					
6 Dressing Hides					
for Pickers or Tanners. }					

Eradication of Bed Bug.

No. of Council Houses found to be infested	..	1
No. of other houses found to be infested	..	1
No. disinfested (a) with hydrogen cyanide	..	0
(b) with insecticide ..	..	2

Factories and Workplaces.

1.—INSPECTIONS for purposes of provisions as to health.
Including inspections made by Sanitary Inspectors.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers prosecuted (4)
FACTORIES with mechanical power ...	29	None	None
FACTORIES without mechanical power	14	None	None
OTHER PREMISES under the Act (including works of building and engineering construction but not in- cluding outworkers' premises)... ..	None	None	None
TOTAL	43	None	None

2.—DEFECTS FOUND.

Particulars (1)	Number of Defects			Number of defects in respect of which Pro- secutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Want of cleanliness (S.1) ...	None	None	} None	} None
Overcrowding (S.2)	None			
Unreasonable temperature (S.3)	None			
Inadequate ventilation (S.4) ...	None			
Ineffective drainage of floors (S.6)... ..	None			
Sanitary Conveniences (S.7)—				
insufficient	None	—	—	
unsuitable or defective ...	3	3	—	
not separate for sexes ...	None	2	—	
Other offences	None	—	—	—
(Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Min- istry of Health (Factories and Work- shops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)				
TOTAL	3	5	None	None

Summary of the Work Done during 1951.

Inspections of Premises—

1.	For nuisances, etc.	...	...	282
2.	Where infectious disease has occurred	...	...	21
3.	Where offensive trades are carried on	...	...	2
4.	Inspections of Factories	...	...	43
5.	Inspections of Bakehouses	...	...	27
6.	Inspections of Ice Cream premises and shops	...	...	14
7.	Inspections under Rats and Mice Destruction Act	...	...	64
8.	Inspections of Slaughterhouses	...	...	77
9.	Inspections of Water Supplies	...	...	9
10.	Inspections of Work in Progress	...	...	187
11.	Inspections under the Housing Act 1936	...	...	85
12.	Re-inspections under the Housing Act, 1936	...	...	38
13.	Re-inspections as to compliance with notices	...	...	91
14.	Inspections under Public Health Acts	...	...	58
15.	Inspections under Closet Conversion Scheme	...	...	9
16.	Inspections of Food Premises and Shops	...	...	97
17.	Inspections Rag Flock Act	...	...	4
18.	Miscellaneous inspections	...	...	7
Total Visits...				1085

19.	No. of houses disinfected after			
	(1) infectious disease	...	...	10
	(2) tuberculosis	...	...	2
20.	Smoke test applied to drains	...	...	6
21.	Samples of water taken for analysis	...	...	9
22.	Samples of water taken for bacteriological examination	...	...	79
23.	Samples of ice cream taken for bacteriological examination	...	...	18
24.	Samples of milk taken for bacteriological examination	...	...	38
25.	No. of complaints investigated	...	...	150
26.	Cases abated under preliminary notice	...	...	167
27.	Cases abated under statutory notice	...	...	31
28.	Cases dealt with under Closet Conversion Scheme	...	...	20
29.	Smoke observations taken	...	...	19

Summary of Work Carried Out in Compliance with Notices, etc., during 1951.

House Drainage—

House drains repaired, cleansed, etc.	...	...	46
New pipe drains provided	...	...	4
House drains connected to sewer	...	...	4
Waste pipes trapped	...	...	1

Sanitary Conveniences—

Tub closets converted into water closets	...	...	2
New water closets provided	...	...	32
Closets repaired, cleansed, etc.	...	...	23
Waste water closets converted into water closets	...	...	17
Waste water closets abolished...	...	...	2
Tub closets provided	...	...	2

Factories and Bakehouses—

Sanitary conveniences cleansed and repaired	...	...	3
Separate conveniences provided	...	...	2

Houses dealt with under Housing Act, 1936—

Houses repaired by informal notice	30
Houses repaired by formal notice	...	...	4
Houses demolished	...	...	9
Houses reconditioned (Section 12)	...	...	3
Houses abolished as separate dwellings	...	...	2

Slaughterhouses

Slaughterhouses closed	7
Slaughterhouses repaired, etc.	...	...	2

Miscellaneous—

No. of cases of overcrowding abated	...	...	5
No. of condemnations of unsound food	...	...	56
No. of premises disinfested,	...	...	4
Pollution of water supply remedied	...	...	1
Accumulations of refuse, etc., removed	...	...	3
No. of dust bins sold by Health Dept.	...	...	154

Mortuary Accommodation.

For accidents	..	..	One Mortuary : two slabs.
For infectious cases, other than at hospitals	..	..	None
Facilities for post-mortem examination?	..	..	Yes.
Mortuary accommodation sufficient?	..	..	Yes.

INSPECTION AND SUPERVISION OF FOOD.**Milk Supply.**

Number of milk distributors registered ... 52

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGS., 1949

Number of licences in force for :	Dealers	Supplementary
Pasteurised Milk	11	6
Sterilised Milk	37	1

MILK (SPECIAL DESIGNATION) (RAW MILK) REGS., 1949

Number of licences in force for	Dealers	Supplementary
Tuberculin Tested Milk	9	6

Number of licences in force for production of milk

Tuberculin Tested	...	...	5
Accredited	...	...	1

Food Inspection.

In February a report on the nine slaughterhouses licensed in December 1950 for a period of three months was considered by the Health Committee who recommended the Council that the licences of four of them be refused as they were considered not suitable and it was not reasonably practicable to render them so. In respect of the other five slaughterhouses the Council directed that notices be served on the owners requiring them to carry out works in order to make them suitable for use. In two cases the works were carried out and the licences subsequently renewed, whilst in the other three the owners decided not to carry out the works and the licences were not renewed. There are now only two licensed slaughterhouses in the Borough—one at Pavement and one at Bottoms, Walsden.

Centralised slaughtering outside the Borough continued in operation, but the slaughterhouse at Pavement was used for the slaughter of horses for human consumption and 146 horses were slaughtered during the year, the carcasses, etc., being inspected.

One hundred and forty inspections were made of premises where food is prepared or sold, including bakehouses, ice-cream manufactories, tripe works, grocers and butchers shops, refreshment houses, etc. The premises generally were found to be kept in a cleanly condition and in a satisfactory state of repair.

The unsound food condemned during the year comprised the following: 80 $\frac{3}{4}$ lb. bacon; 9 lb. canned ham; 29 lb. sausage; 12 lb. pork pies; 47 $\frac{1}{2}$ lb. chickens; 21 $\frac{1}{2}$ cwts. pears (Italian); 8 lb. chocolate mallows; 81 packets of processed cheese; and 208 cans, jars, etc., of meat, milk, fruit and other foodstuffs.

Thirty-seven samples of ordinary milk produced and distributed in the Borough were submitted to the Methylene Blue Test prescribed for designated milk and 31 satisfied the test. Details of the 6 samples which failed to satisfy the test were forwarded to the appropriate Officer of the County Agricultural Committee. One sample of milk was obtained from a producer and submitted to biological examination for the presence of tuberculosis with a negative result.

There were 2 makers of ice-cream in the Borough and ice-cream from several makers outside the Borough is sold at shops. 18 samples of ice-cream, at various stages of manufacture in the case of one local maker, were submitted to bacteriological examination and were graded as follows: 11 in Grade I, 3 in Grade II, 2 in Grade III, and 2 in Grade IV. In the cases of 2 samples placed in Grades III and IV obtained from a local maker investigation of the plant was made and advice given, subsequent samples being placed in Grade I, and in the other cases from outside the Borough the makers were notified of the results.

Adulteration.

No samples of food and drugs were taken for analysis during the year. The West Riding County Council is the Authority under the Food and Drugs Act 1938.

Rodent Control.

Investigations were made at 49 premises in connection with rodent infestation—33 by rats and 16 by mice. The premises treated for rats included 5 factories, 13 houses, 5 food stores, the refuse tip and the sewage disposal works. The treatment consisted of pre-baiting followed by poison baiting. Three premises were dealt with by the occupiers.

A test baiting of the sewers in the Borough was carried out.

With regard to infestation by mice these occurred at various classes of premises, including schools, food premises, and factories. 23 treatments were carried out at 13 premises.

Housing.

No action was taken with respect to Clearance Areas. In the Shade Clearance Area two houses were still occupied at the end of the year. No houses were demolished during the year and 12, some of which are derelict, still remain to be demolished.

One individual house was represented as being unfit for habitation, but consideration was deferred. Two houses the subject of demolition orders were demolished, two houses one of which was subject to a Closing Order were converted into one house and thoroughly renovated in the process, and two houses subject to an undertaking were similarly treated, the orders and undertaking being cancelled. Six houses were demolished by the owners in connection with the erection of the Technical Institute.

Seventy inspections of 59 houses were made, and at 35 of the houses various defects such as leaking roofs and eaves-troughs, defective floors, plasterwork, etc., were found. In four cases statutory notices under the Housing Act or Public Health Act were served on the owners and the necessary repairs were carried out. In the remainder the owners were requested by informal notices or interview to carry out the necessary repairs. Repairs were carried out at 30 houses, including some standing over at the end of the previous year.

Applications for Corporation houses were dealt with under the "points scheme" and visits paid to houses where necessary.

Five cases of overcrowding were abated during the year. At the end of the year 8 houses were recorded as being overcrowded and affecting 9 families with 58 persons.

